

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number C C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St NW		
(c) City, State and ZIP Code Washington DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

- (b) Is this Report an amendment? Yes ☒ No ☐

5. COVERING PERIOD: FROM

M	M
0	9

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	9

 /

D	D
0	9

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

6758.73

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Michael Lausch

09/13/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Amanda Ahlersmeyer

Date

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0

Mailing Address

1202 Morris St Apt 3A

Amount

62.83

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

62.83

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Amanda Ahlersmeyer

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Mailing Address

1202 Morris St Apt 3A

Amount

62.83

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

125.66

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Amanda Ahlersmeyer

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Mailing Address

1202 Morris St Apt 3A

Amount

62.83

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

188.49

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 37**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jared Ames

Date

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0

Mailing Address

455 Wright Street Apt 107

Amount

105.95

City

Lakewood

State

CO

Zip Code

80228

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

105.95

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Jared Ames

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Mailing Address

455 Wright Street Apt 107

Amount

105.95

City

Lakewood

State

CO

Zip Code

80228

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

211.90

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Jared Ames

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Mailing Address

455 Wright Street Apt 107

Amount

105.95

City

Lakewood

State

CO

Zip Code

80228

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

317.85

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

317.85

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jared Ames

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Mailing Address

455 Wright Street Apt 107

Amount

105.95

City

Lakewood

State

CO

Zip Code

80228

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

423.80

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Jared Ames

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Mailing Address

455 Wright Street Apt 107

Amount

105.95

City

Lakewood

State

CO

Zip Code

80228

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

529.75

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
James Anderson

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Mailing Address

1639 Federal St

Amount

62.83

City

Philadelphia

State

PA

Zip Code

19146

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

62.83

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

274.73

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
James Anderson

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
1639 Federal St

Amount

City State Zip Code
Philadelphia PA 19146

62.83

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 125.66Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
James Anderson

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0Mailing Address
1639 Federal St

Amount

City State Zip Code
Philadelphia PA 19146

62.83

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 188.49Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
B&M Lockout Service

Date

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0Mailing Address
73 Queen Lily Road

Amount

City State Zip Code
Levittown PA 19057

50.37

Purpose of Expenditure
Locksmith serviceCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 50.37Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

176.03

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Lauren Baker

Date

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0

Mailing Address

1520 West Moreland Apt 5

Amount

62.83

City

Philadelphia

State

PA

Zip Code

19140

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

62.83

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Lauren Baker

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Mailing Address

1520 West Moreland Apt 5

Amount

62.83

City

Philadelphia

State

PA

Zip Code

19140

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

125.66

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Lauren Baker

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Mailing Address

1520 West Moreland Apt 5

Amount

62.83

City

Philadelphia

State

PA

Zip Code

19140

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

188.49

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10931251669
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Lauren Baker

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Mailing Address
1520 West Moreland Apt 5

Amount

62.83

City State Zip Code
Philadelphia PA 19140

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought 251.32

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Keefe Carolle

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Mailing Address
621 Evesham Ave.

Amount

62.83

City State Zip Code
Magnolia NJ 08049

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought 62.83

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Keefe Carolle

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Mailing Address
621 Evesham Ave.

Amount

62.83

City State Zip Code
Magnolia NJ 08049

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought 125.66

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10931251670
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Keefe Carolle

Date

/ /

Mailing Address
621 Evesham Ave.

Amount

62.83

City State Zip Code
Magnolia NJ 08049

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 188.49

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Jennifer Carter-Mate

Date

/ /

Mailing Address
4925 Soul St Apt 39

Amount

62.83

City State Zip Code
Philadelphia PA 19124

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 62.83

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Jennifer Carter-Mate

Date

/ /

Mailing Address
4925 Soul St Apt 39

Amount

62.83

City State Zip Code
Philadelphia PA 19124

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 125.66

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

188.49

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jennifer Carter-Mate

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
4925 Soul St Apt 39

Amount

62.83

City State Zip Code
Philadelphia PA 19124Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 188.49Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Jennifer Carter-Mate

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
4925 Soul St Apt 39

Amount

62.83

City State Zip Code
Philadelphia PA 19124Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 251.32Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Jennifer Carter-Mate

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0Mailing Address
4925 Soul St Apt 39

Amount

62.83

City State Zip Code
Philadelphia PA 19124Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 314.15Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 10 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Daniel Christoff

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
2062 E Lettgrly St

Amount

62.83

City State Zip Code
Philadelphia PA 19125Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 62.83Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Daniel Christoff

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
2062 E Lettgrly St

Amount

62.83

City State Zip Code
Philadelphia PA 19125Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 125.66Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Daniel Christoff

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0Mailing Address
2062 E Lettgrly St

Amount

62.83

City State Zip Code
Philadelphia PA 19125Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 188.49Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Antoinette Colbert

Date

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0Mailing Address
1337 N. Allison St

Amount

62.83

City State Zip Code
Philadelphia PA 19131Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 62.83Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Antoinette Colbert

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0Mailing Address
1337 N. Allison St

Amount

62.83

City State Zip Code
Philadelphia PA 19131Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 125.66Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Antoinette Colbert

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
1337 N. Allison St

Amount

62.83

City State Zip Code
Philadelphia PA 19131Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 188.49Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Antoinette Colbert

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
1337 N. Allison St

Amount

City State Zip Code
Philadelphia PA 19131

62.83

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 251.32Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Antoinette Colbert

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0Mailing Address
1337 N. Allison St

Amount

City State Zip Code
Philadelphia PA 19131

62.83

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 314.15Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Bona Daniel

Date

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0Mailing Address
629 N. 44 St

Amount

City State Zip Code
Philadelphia PA 19104

62.83

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 62.83Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10931251675
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Bona Daniel

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Mailing Address
629 N. 44 St

Amount

62.83

City
Philadelphia

State
PA

Zip Code
19104

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

125.66

Disbursement For:
2010

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Bona Daniel

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Mailing Address
629 N. 44 St

Amount

62.83

City
Philadelphia

State
PA

Zip Code
19104

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

188.49

Disbursement For:
2010

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Bona Daniel

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Mailing Address
629 N. 44 St

Amount

62.83

City
Philadelphia

State
PA

Zip Code
19104

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

251.32

Disbursement For:
2010

☐ Primary

☒ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 14 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Bona Daniel

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0Mailing Address
629 N. 44 St

Amount

62.83

City
PhiladelphiaState
PAZip Code
19104Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

314.15

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Delaware Turnpike

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
800 Bay Road

Amount

2.00

City
DoverState
DEZip Code
19901Purpose of Expenditure
TollCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

2.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Dollar Tree Store

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0Mailing Address
1520 Chestnut Street

Amount

2.70

City
PhiladelphiaState
PAZip Code
19102Purpose of Expenditure
Office suppliesCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

2.70

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

67.53

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 15 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
DTAG Thrifty Rentals

Date

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0Mailing Address
500 Holstein Ave

Amount

25.11

City

Philadelphia

State

PA

Zip Code

19153

Purpose of Expenditure

Car rental

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

25.11

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
DTAG Thrifty Rentals

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0Mailing Address
500 Holstein Ave

Amount

25.11

City

Philadelphia

State

PA

Zip Code

19153

Purpose of Expenditure

Car rental

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

50.22

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
DTAG Thrifty Rentals

Date

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 1 0Mailing Address
500 Holstein Ave

Amount

25.11

City

Philadelphia

State

PA

Zip Code

19153

Purpose of Expenditure

Car rental

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

75.33

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

75.33

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 16 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
DTAG Thrifty Rentals

Date

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 1 0Mailing Address
500 Holstein Ave

Amount

25.11

City
PhiladelphiaState
PAZip Code
19153Purpose of Expenditure
Car rentalCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

100.44

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
DTAG Thrifty Rentals

Date

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 1 0Mailing Address
500 Holstein Ave

Amount

25.11

City
PhiladelphiaState
PAZip Code
19153Purpose of Expenditure
Car rentalCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

125.55

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
DTAG Thrifty Rentals

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
500 Holstein Ave

Amount

25.11

City
PhiladelphiaState
PAZip Code
19153Purpose of Expenditure
Car rentalCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

150.66

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

75.33

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
DTAG Thrifty Rentals

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
500 Holstein Ave

Amount

City State Zip Code
Philadelphia PA 19153

25.11

Purpose of Expenditure
Car rentalCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

175.77

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
DTAG Thrifty Rentals

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0Mailing Address
500 Holstein Ave

Amount

City State Zip Code
Philadelphia PA 19153

25.11

Purpose of Expenditure
Car rentalCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

200.88

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Tahir Duckett

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
1325 North Pierce Street

Amount

City State Zip Code
Arlington VA 22209

22.50

Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

22.50

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

72.72

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Tahir Duckett

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Mailing Address

1325 North Pierce Street

Amount

38.50

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Mileage Reimbursement

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

61.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Tahir Duckett

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Mailing Address

1325 North Pierce Street

Amount

22.50

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

83.50

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Tahir Duckett

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Mailing Address

1325 North Pierce Street

Amount

38.50

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Mileage Reimbursement

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

122.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

99.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 19 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Evans Gulf

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Mailing Address

1101 Spring Garden Street

Amount

25.00

City

Philadelphia

State

PA

Zip Code

19140

Purpose of Expenditure

Gas

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

25.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Exxon

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Mailing Address

2 South Delmorr Avenue

Amount

10.00

City

Morrisville

State

PA

Zip Code

19067

Purpose of Expenditure

Gas

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

10.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Kenya Ferguson

Date

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0

Mailing Address

721 McKean

Amount

62.83

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

62.83

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

97.83

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 20 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kenya Ferguson

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0Mailing Address
721 McKean

Amount

62.83

City
PhiladelphiaState
PAZip Code
19148Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

125.66

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Kenya Ferguson

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
721 McKean

Amount

62.83

City
PhiladelphiaState
PAZip Code
19148Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

188.49

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Kenya Ferguson

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
721 McKean

Amount

62.83

City
PhiladelphiaState
PAZip Code
19148Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

251.32

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 21 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kenya Ferguson

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0Mailing Address
721 McKean

Amount

62.83

City
PhiladelphiaState
PAZip Code
19148Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

314.15

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Gallery Garage

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
11th and Arch Streets

Amount

15.50

City
PhiladelphiaState
PAZip Code
19107Purpose of Expenditure
ParkingCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

15.50

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Lorien Gilbert

Date

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0Mailing Address
34 East Third Street

Amount

90.89

City
LansdaleState
PAZip Code
19446Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

90.89

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

169.22

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 22 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Lorien Gilbert

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0Mailing Address
34 East Third Street

Amount

90.89

City State Zip Code
Lansdale PA 19446Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 181.78Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Lorien Gilbert

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
34 East Third Street

Amount

90.89

City State Zip Code
Lansdale PA 19446Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 272.67Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Lorien Gilbert

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0Mailing Address
34 East Third Street

Amount

90.89

City State Zip Code
Lansdale PA 19446Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 363.56Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

272.67

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10931251685
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Hare Brothers Printing

Date

/ /

Mailing Address
629 South 42nd Street

Amount

City State Zip Code
Philadelphia 19104

Purpose of Expenditure
Printing Costs

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Hare Brothers Printing

Date

/ /

Mailing Address
629 South 42nd Street

Amount

City State Zip Code
Philadelphia 19104

Purpose of Expenditure
Printing Costs

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Check One: ☐ Support ☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
PATRICK JOSEPH TOOMEY

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Jamison Harrold

Date

/ /

Mailing Address
934 Wolf Street

Amount

City State Zip Code
Philadelphia PA 19048

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jamison Harrold

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0Mailing Address
934 Wolf Street

Amount

88.26

City
PhiladelphiaState
PAZip Code
19048Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

176.52

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Jamison Harrold

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
934 Wolf Street

Amount

88.26

City
PhiladelphiaState
PAZip Code
19048Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

264.78

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Hilton Garden Inn Philadelphia City Center

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
1100 Arch Street

Amount

81.10

City
PhiladelphiaState
PAZip Code
19107Purpose of Expenditure
Hotel roomCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

81.10

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

257.62

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10931251687
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Donna Johnston

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Mailing Address
353 Lincoln Ave

Amount

62.83

City State Zip Code
Lane Downe PA 19050

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 62.83

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Donna Johnston

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Mailing Address
353 Lincoln Ave

Amount

62.83

City State Zip Code
Lane Downe PA 19050

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 125.66

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Elizabeth Lassiter

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Mailing Address
2834 W. Harold Street

Amount

62.83

City State Zip Code
Philadelphia PA 19132

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 62.83

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

188.49

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Elizabeth Lassiter

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
2834 W. Harold Street

Amount

62.83

City State Zip Code
Philadelphia PA 19132Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 125.66Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Elizabeth Lassiter

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
2834 W. Harold Street

Amount

62.83

City State Zip Code
Philadelphia PA 19132Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 188.49Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Elizabeth Lassiter

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0Mailing Address
2834 W. Harold Street

Amount

62.83

City State Zip Code
Philadelphia PA 19132Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 251.32Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
LAZ Parking

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
15th St and Sansom St

Amount

12.50

City State Zip Code
Philadelphia PA 19102Purpose of Expenditure
ParkingCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 12.50Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Carl Levie

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
2213 North Camac St

Amount

62.83

City State Zip Code
Philadelphia PA 19133Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 62.83Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Carl Levie

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
2213 North Camac St

Amount

62.83

City State Zip Code
Philadelphia PA 19133Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: PA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 125.66Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

138.16

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10931251690
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Carl Levie

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Mailing Address
2213 North Camac St

Amount

City State Zip Code
Philadelphia PA 19133

62.83

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 188.49

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Cathy Mangini

Date

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0

Mailing Address
605 Fitzwater St

Amount

City State Zip Code
Philadelphia PA 19147

88.26

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 88.26

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Cathy Mangini

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Mailing Address
605 Fitzwater St

Amount

City State Zip Code
Philadelphia PA 19147

88.26

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 176.52

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

239.35

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10931251691
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Cathy Mangini

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Mailing Address
605 Fitzwater St

Amount

88.26

City State Zip Code
Philadelphia PA 19147

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 264.78

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Cathy Mangini

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Mailing Address
605 Fitzwater St

Amount

88.26

City State Zip Code
Philadelphia PA 19147

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 353.04

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Cathy Mangini

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Mailing Address
605 Fitzwater St

Amount

88.26

City State Zip Code
Philadelphia PA 19147

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: PA
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 441.30

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

264.78

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **30 / 37**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Maryland Transportation Authority

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
850 Revell Hwy

Amount

3.50

City
AnnapolisState
MDZip Code
21409Purpose of Expenditure
TollCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

3.50

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Kimberly McMurray

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
1520 Green St Apt 209

Amount

62.83

City
PhiladelphiaState
PAZip Code
19130Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

62.83

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Kimberly McMurray

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
1520 Green St Apt 209

Amount

62.83

City
PhiladelphiaState
PAZip Code
19130Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

125.66

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

129.16

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Craig Parsley

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
411 6th st

Amount

88.26

City
NewcastleState
DEZip Code
19720Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

88.26

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Craig Parsley

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
411 6th st

Amount

88.26

City
NewcastleState
DEZip Code
19720Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

176.52

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Pennsylvania Turnpike

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0Mailing Address
Plaza 044

Amount

1.00

City
QuakertownState
PA

Zip Code

Purpose of Expenditure
TollCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

1.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

177.52

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **32 / 37**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Pennsylvania Turnpike

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0Mailing Address
Plaza 044

Amount

1.00

City

State

Zip Code

Quakertown

PA

Purpose of Expenditure
TollCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

2.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Pennsylvania Turnpike

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0Mailing Address
Plaza 020

Amount

1.00

City

State

Zip Code

Midcounty

PA

Purpose of Expenditure
TollCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

1.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Pennsylvania Turnpike

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0Mailing Address
Plaza 020

Amount

0.50

City

State

Zip Code

Midcounty

PA

Purpose of Expenditure
TollCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

1.50

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

2.50

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **33 / 37**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Philly City Paper

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Mailing Address

123 Chestnut Street, 3rd Floor

Amount

117.25

City

Philadelphia

State

PA

Zip Code

19106

Purpose of Expenditure

Advertisement

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

117.25

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Aaron Slater

Date

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0

Mailing Address

660 West Walnut Street, Apt 1

Amount

62.83

City

Lancaster

State

PA

Zip Code

17603

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

62.83

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Aaron Slater

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Mailing Address

660 West Walnut Street, Apt 1

Amount

62.83

City

Lancaster

State

PA

Zip Code

17603

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

125.66

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

242.91

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **34 / 37**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Aaron Slater

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Mailing Address

660 West Walnut Street, Apt 1

Amount

62.83

City

Lancaster

State

PA

Zip Code

17603

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

188.49

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Aaron Slater

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Mailing Address

660 West Walnut Street, Apt 1

Amount

62.83

City

Lancaster

State

PA

Zip Code

17603

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

251.32

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Aaron Slater

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Mailing Address

660 West Walnut Street, Apt 1

Amount

62.83

City

Lancaster

State

PA

Zip Code

17603

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

314.15

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

188.49

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 35 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Sunoco

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0Mailing Address
2201 Walnut Street

Amount

10.00

City
PhiladelphiaState
PAZip Code
19103Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

10.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Sunoco A-Plus

Date

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0Mailing Address
8596 New Falls Road

Amount

18.06

City
LevittownState
PAZip Code
19054Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

18.06

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Tara Sutton

Date

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0Mailing Address
3032 Greenshine Ave

Amount

88.26

City
ClaymontState
DEZip Code
19703Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

88.26

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

116.32

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **36 / 37**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Tara Sutton

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0Mailing Address
3032 Greenshine Ave

Amount

88.26

City

Claymont

State

DE

Zip Code

19703

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

176.52

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Tara Sutton

Date

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0Mailing Address
3032 Greenshine Ave

Amount

88.26

City

Claymont

State

DE

Zip Code

19703

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

264.78

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Tara Sutton

Date

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0Mailing Address
3032 Greenshine Ave

Amount

88.26

City

Claymont

State

DE

Zip Code

19703

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

353.04

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

264.78

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 37 / 37

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Tara Sutton

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	0

Mailing Address
3032 Greenshine Ave

Amount

88.26

City
ClaymontState
DEZip Code
19703Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐

House

State: PA

Senate

☒

Senate

☐

President

District: _____

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAKCalendar Year-To-Date Per Election
for Office Sought

441.30

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

88.26

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

6758.73